

March 1, 2006

*HIFW*



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Andy H. Levine, David A. Melanson and John C. Meade

Application No.:

10/726,011

Group Art Unit: 3738

Filed:

December 2, 2003

Examiner: Alvin J. Stewart

Confirmation No.:

2628

Title:

ANTI-OBESITY DEVICES

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
March 1, 2006	<i>Marianne Lentini</i>
Date	Signature
MARIANNE LENTINI	
Typed or printed name of person signing certificate	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [ ] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	22	MINUS	* 37	0
INDEP	2	MINUS	** 5	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20

\*\* not fewer than 3

## SMALL ENTITY

RATE	ADDIT. FEE
X \$ 25	\$
X \$ 100	\$
+ \$ 180	\$

TOTAL= \$ 0

OTHER THAN  
SMALL ENTITY

RATE	ADDIT. FEE
X \$ 50	\$ 0
X \$ 200	\$ 0
+ \$ 360	\$ 0

TOTAL= \$ 0

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

## SMALL ENTITY

Rate	Total Amount Owed
X \$125	\$[ ]

OTHER THAN  
SMALL ENTITY

Rate	Total Amount Owed
X \$250	\$[ ]

Payment  
Sufficient for  
up to

[ ] Sheets

### Petition for Extension of Time

[ ] Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

[ ] [For action-specific language in an extension of time, go to insert, file, public folders, firm templates, and select the appropriate paragraph.]

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	<b>TOTAL:</b>	<b>\$ <u>0</u></b>

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	
	Supplemental Information Disclosure Statement	\$ <u>180</u>
	_____	\$ _____
	<b>TOTAL:</b>	<b>\$ <u>180</u></b>

[X] Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this letter is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: 03/01/06